

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10600 824</u>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8		/					58		
9		/					59		
10		/					60		
11		/					61		
12		/					62		
13		/					63		
14		/					64		
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17		/					67		
18	/						68		
19		/					69		
20		/					70		
21		/					71		
22	/	/					72		
23		/					73		
24		/					74		
25		/					75		
26		/					76		
27		/					77		
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31		/					81		
32		/					82		
33		/					83		
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35		/					85		
36		/					86		
37		/					87		
38		/					88		
39		/					89		
40		/					90		
41		/					91		
42		/					92		
43		/					93		
44		/					94		
45		/					95		
46		/					96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	44						TOTAL DEP.		
TOTAL CLAIMS	46						TOTAL CLAIMS		